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HEARING THREE  
COMMISSION ON SAFETY AND ABUSE  
IN AMERICA'S PRISONS

DATE: November 2, 2005  
TIME: 8:30 a.m. to 3:22 p.m.  
PLACE: Washington University School of Law  
Anheuser-Busch Hall, Room 310  
St. Louis, Missouri 63130

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10                   MR. BRIGHT: Good morning again, everyone.  
11 Our final panel here this morning is going to talk  
12 about accreditation, and particularly accreditation by  
13 the American Correctional Association. We have four  
14 panelists, Jeff Washington, Evelyn Ridley-Turner,  
15 Brian Dawe, and Michael Hamden who have joined us.

16                   Let me just say a word about the subject  
17 and then a word more about the members of the panel.  
18 These standards have been promulgated, as I said, by  
19 the American Correctional Association to get some kind  
20 of uniformity in the correctional institutions. The  
21 accreditation process is controversial. Not everybody  
22 is for it, but some people are, and that's one of the  
23 things we'll talk about today in terms of the value of  
24 it. But there's certainly a lot of correctional  
25 professionals who believe that it's been a very

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1 valuable tool.

2                   And what we want to ask our panel to talk  
3 about is their perceptions of the accreditation  
4 process from the point of view of correctional  
5 officers, from the point of view of management and  
6 prison rights advocates, which we have one of each on  
7 the panel here. And in addition, to talk about how  
8 the process can best be used to improve standards in a  
9 facility, and whether accreditation is effective or  
10 not, whether it brings about accountability, whether  
11 they're really met once somebody is certified. Are  
12 they -- do we continue to monitor them to see that  
13 they continue to live up to the standards that they  
14 were?

15                   Jeff Washington is the Deputy Executive  
16 Director of the American Correctional Association, and  
17 he's on the ACA's Committee on Accreditation For  
18 Corrections.

19                   Evelyn Ridley-Turner has been in the  
20 corrections business since 1974, and I think for the  
21 last five years has been a commissioner of corrections  
22 in Indiana.

23                   Brian Dawe worked as a correctional officer  
24 for sixteen years, and he's now the director of  
25 Corrections USA.

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1                   And finally, Michael Hamden is executive  
2 director of the North Carolina Prisoner Legal  
3 Services, and he has also been on the board of the  
4 American Correctional Association's Commission on  
5 Accreditation since 1998, I believe.

6                   Thank you very much. We're delighted to  
7 have you. You honor us with your presence. And  
8 Mr. Washington, if you could start, that would be  
9 great.

10                   MR. WASHINGTON: Mr. Bright, thank you very  
11 much. Mr. Chair, the other commissioners, we thank  
12 you for having the opportunity to speak before you  
13 this morning. The task that you set forward is not a  
14 difficult task as it relates to discussing  
15 accreditation. But first, let me tell a little bit  
16 about the American Correctional Association.

17                   The American Correctional Association was  
18 founded in 1870. The ACA has nearly 20,000 members  
19 and over eighty chapters and affiliates. ACA  
20 represents all facets of corrections, including  
21 federal, state, military correctional facilities,  
22 prisons, county jails, detention centers, probation  
23 and parole agencies, community corrections, halfway  
24 houses, correctional officers.

25                   We take a holistic view of this entire

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1 business of corrections. ACA also promotes public  
2 policies as they relate to corrections. ACA develops  
3 a standards with its Standards Committee and  
4 administers the accreditation process. Each  
5 commissioner has been given three documents from the  
6 association. And at your leisure, I hope that you  
7 take the opportunity to go through those documents.  
8 If you do that, you will see that there is ample  
9 information to give you a good picture of what the  
10 association does.

11           The first document I'd like you to refer to  
12 is the ACA folder. Within that folder you have copies  
13 of ACA's Public Correctional Resolutions and ACA's  
14 Public Correctional Policies. These resolutions and  
15 policies are voted on by ACA's membership. ACA's  
16 membership votes for a delegate assembly, the  
17 legislative body of the association, to tackle issues  
18 that the membership feel are important to the business  
19 of corrections.

20           Within these two documents you'll see where  
21 ACA has taken public stands on certain aspects of  
22 corrections that will inform you and give you a  
23 picture of what we stand for and how we support our  
24 correctional members.

25           The next document that you have is the

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1 ACA's Standards Manual. This manual is the fourth  
2 edition of the adult correctional institution's  
3 standards. These are the standards that are used by  
4 adult prisons, state-operated facilities, facilities  
5 operated by the military, and facilities operated by  
6 the Federal Bureau of Prisons.

7                   Within this document there are over 450  
8 standards. Ten percent of those standards being  
9 mandatory standards that deal with life, health, and  
10 safety issues. And the others considered nonmandatory  
11 standards, those standards that still have to be  
12 complied with as an agency or program enters the  
13 accreditation process.

14                   The other document that you have in front  
15 of you is a book called Measuring Excellence. And  
16 it's a history of corrections and standards and  
17 accreditation written by Paul W. Key. It was a book  
18 written a number of years ago, but it takes an  
19 outsider's look at the accreditation process, asks  
20 some of the questions you put forward here this  
21 morning, and answers some of those questions. It  
22 talks about the process not being a perfect process.

23                   It also talks about some improvements in  
24 the process to make the process more long lasting and  
25 more effective. Mr. Key took the opportunity to

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1 review all the history of accreditation, accreditation  
2 as administered by the American Correctional  
3 Association began in 1974, with the first facilities  
4 being accredited. He took a look at those facilities  
5 that were accredited then. He took a look at those  
6 standards that were in effect at that time also.

7 He pointed out very clearly that the  
8 standards that the American Correctional Association  
9 have had with -- the standards we have today are those  
10 standards which began as 36 principles in 1870 at the  
11 first meeting of our association. An opportunity for  
12 individuals to sit down and decide what was good  
13 correctional practice. And the way we operate and do  
14 business today, we feel that we've improved upon those  
15 original 36 principles of how to operate good  
16 correctional facilities.

17 And we hope that in the future, with  
18 outside influence, with information from members who  
19 have the opportunity to suggest changes in standards  
20 and with a diverse members of our 28 member  
21 accreditation commission, we feel that this process  
22 can do more to make operating correctional facilities  
23 better, to make them safer, safer for staff, safer for  
24 the offenders, and safer for the public. Thank you.

25 MR. BRIGHT: Ms. Ridley-Turner.

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1                   MS. RIDLEY-TURNER: Thank you. I want to  
2 thank the commission members for inviting me here  
3 today to talk about accreditation. Just one  
4 correction. I was commissioner in Indiana until  
5 January of this year. Left the office after 31 years  
6 in corrections.

7                   I've been involved with accreditation  
8 throughout my career in corrections, and when Governor  
9 O'Bannon interviewed me before I was appointed  
10 commissioner, one of the things he wanted to know,  
11 what were my goals? What did I want to do with the  
12 Indiana Department of Corrections? And one of my  
13 goals -- it wasn't all of them -- was that I wanted to  
14 have agency-wide accreditation for the Indiana  
15 Department of Correction.

16                   The governor probably, very like you, asked  
17 me why I felt accreditation was important? What would  
18 that do for our agency? And you know, I shared with  
19 him, and hopefully in my written materials and in  
20 talking with you today I can share with you why I felt  
21 it was important for our agency to be accredited.

22                   I shared with the governor that I felt that  
23 while all our facilities had policies, we had  
24 procedures, we had operational standards for operating  
25 the facility, when you have 34 facilities in an

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1 agency, that's quite large. Sometimes things get  
2 misconstrued in the interpretation. And I shared with  
3 him that I wanted to have a process so that we could  
4 look internally, and that's part of the process. You  
5 have mock audits. You look at what you're doing.

6           There's standards that you live up to, but  
7 it's also a little beyond that. It was getting staff  
8 involved to move toward a concerted effort and one  
9 goal. I wanted our staff to believe that we were in  
10 this together, that we were working to do things in  
11 their best interests, and that accreditation was not  
12 something that I on high was pushing down and  
13 mandating that facilities had to do.

14           I was mandating that we had to be  
15 accredited, but I was in the fray as well. I wanted  
16 all our agencies -- that meant central office. That  
17 meant I had to get my hands dirty. I had to go and  
18 make sure we were living up to standards. The  
19 standards were different for facilities.

20           I was responsible for juvenile and adult  
21 facilities, and in looking at that it wasn't that we  
22 weren't doing a lot of the things that standards set  
23 out. As Jeff mentioned, there are life, health,  
24 safety. It covers all areas of the operations of a  
25 facility. But what was more important to me is that

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1 you could go from facility to facility and everyone  
2 knew what everything meant. It was operational  
3 procedures. It was life, health, safety issues. We  
4 were all going by the same agenda.

5           When we -- when I left office, just to end  
6 there, we had all but two of our facilities  
7 accredited, and that included our central office, our  
8 training facility, as well as our industries  
9 facilities. What was involved with accreditation was  
10 more than just going by and complying to have the  
11 audit done and then everybody sit back and say we got  
12 through it. It's over.

13           What I wanted to do was to make this really  
14 part of our operation, and we got to the point that  
15 our policies were being prepared in compliance with  
16 the standards, and this was for the right reason. It  
17 was because it made sense to do it that way. Then  
18 everyone knew what the policy was. They knew what the  
19 ACA standard was, and we were moving to have all our  
20 internal audits that would be conducted in the off  
21 year of the three year accreditation and  
22 reaccreditation, we would go by those same standards  
23 because it made sense to go by those same standards.

24           This wasn't a thing of make work. We  
25 didn't want people to feel that, as I said, this is

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1 just a process you go through. You sit back and it's  
2 over. We wanted to live by the standards.

3           While we were going through some of the  
4 audits and getting through the process, I'm not going  
5 to leave you with the impression that everybody jumped  
6 up and said, oh boy, she's wonderful. We want to do  
7 this. It wasn't that way. I had a lot of naysayers,  
8 and even some of the naysayers were my own executive  
9 staff, some of the superintendents.

10           A lot of them felt like this was just  
11 something else to do, and if we leave her to her own  
12 devices, she'll be gone and then we can get back to  
13 business as usual. But I had a lot of converts in  
14 this as well. I'd go to the facilities and I'd meet  
15 with the staff and we'd talk about the importance of  
16 accreditation, and I had superintendents and other  
17 staff coming up and saying, you know, I thought we  
18 were doing this right, but the audit and what it  
19 pointed out was we thought we were on track, but we  
20 needed to do a little bit more.

21           So you know, when you're working in a  
22 facility, when you're doing operations 24/7, sometimes  
23 it gets to the point that you can't see the forest for  
24 the trees, and that was what I was finding out with  
25 some of our facilities. They did have procedures in

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1 place, but I think what this does, it gives you a peer  
2 review. It gives you the opportunity to work towards  
3 a common goal. And I believe that, for me, that was  
4 the purpose of accreditation and why I felt the value  
5 in the Indiana Department of Corrections. Thank you.

6 MR. BRIGHT: Mr. Dawe.

7 MR. DAWE: Thank you. Good morning and  
8 thank you. I'd like to thank the commission for this  
9 opportunity. When I grew up my friends and I often  
10 played cowboys and Indians, cops and robbers, soldier,  
11 fireman, etc., the usual array of role playing that  
12 children do. But no one I knew then or any  
13 correctional officer I know now grew up locking their  
14 friends in the basement and playing correctional  
15 officers.

16 It's not a job you grow up aspiring to do.  
17 A lot of that has to do with the perception held by  
18 the public about corrections. My organization  
19 believes we can change that by bringing down the  
20 walls. We believe that by exposing corrections to the  
21 light of day, that we can change that perception and  
22 hopefully the future of corrections in a positive way.  
23 I believe that accreditation can play a vital role of  
24 promoting that transparency and changing that  
25 perception.

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1                   As corrections is constituted today, line  
2 staff are often put in situations where failure is  
3 almost a certainty, and then they're blamed for that  
4 failure. As an example, when I worked I was the only  
5 officer in a housing unit with sixty inmates. One of  
6 our common, which is a small eight by ten room, was  
7 converted to hold six inmates in three bunk beds.

8                   I would ask anybody on the commission or  
9 anybody in the public today to choose your five best  
10 friends to be placed in that situation and to see how  
11 long you are friends. The bottom bunk can become a  
12 life and death situation. That is a situation  
13 destined for failure, and that's what we have to work  
14 in. Accreditation can expose those situations and set  
15 standards to rectify them.

16                   That ratio of sixty inmates to one officer  
17 I have worked under is more common than not. It  
18 underscores one of the most dangerous things in  
19 corrections today, that of staffing ratios.  
20 Nationally, that ratio is reported at 5.4 inmates per  
21 one security staff member. Anyone who has ever gone  
22 behind the walls knows how ridiculously misleading  
23 that ratio is.

24                   The number of inmates are simply divided by  
25 the number of staff to establish that ratio. It's a

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1 lie, and it's a dangerous one for all of us.  
2 Accreditation can help to expose that. They can  
3 expose those ratios, and they can also help us  
4 establish mandatory staffing levels. Those are just  
5 two examples of where accreditation can help.

6                   So what should the accreditation process  
7 look like? In order for an accreditational process to  
8 effectively address the issues that plague  
9 corrections, it must be fearless in its willingness to  
10 expose the problems it discovers, be transparent and  
11 open to public scrutiny, seek to raise standards  
12 whenever possible, monitor facilities that have been  
13 accredited, and must not be beholden to those  
14 facilities for its economic survival.

15                   Corrections professionals promote an  
16 accreditation process that provides a mechanism by  
17 which we can measure the success of failure in our  
18 nation's prisons and jails. Evaluating our  
19 correctional facilities is a necessity if we are to  
20 establish standards that balance the need for humane  
21 treatment of those who are incarcerated for the safety  
22 of the public, the staff, the officers, and the  
23 inmates. I would propose an accreditation process  
24 that includes the following:

25                   Number one, the standard by which a

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1 facility will be evaluated must be known in advance.

2                   Number two, the accreditation should be  
3 conducted using, but not be limited to, corrections  
4 professionals.

5                   Number three, there should be no advanced  
6 notification as to when an accreditation will occur.

7                   Number four, the accreditation team should  
8 have no familiarity with the administration of the  
9 facility it is evaluating.

10                  Number five, there should be no financial  
11 link between the organization accrediting the facility  
12 and the facility itself.

13                  Six, evaluations should be based on  
14 practical applications, not procedural ones.

15                  Seven, the results of the accreditation  
16 process should be available to our elected officials  
17 and the public at large, redacting only that limited  
18 information that may compromise the safety and  
19 security of the facility or would violate statute.

20                  Number nine, follow-up monitoring should be  
21 done with on-site visits. I'm sorry, that was number  
22 eight.

23                  Number nine, recommendations to address  
24 concerns raised by the accreditation team should be a  
25 part of the evaluation and should include steps that

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1 meet to establish those standards.

2                   Number ten, and above all else,  
3 accreditation should be as transparent as possible.  
4 Secrecy in corrections can be deadly. If best  
5 practices can be shared in a network nationwide, why  
6 should society be willing to accept anything less?

7                   Over 95 percent of the individuals we  
8 incarcerate will be released back in our communities.  
9 We must do all we can to foster an environment that  
10 maintains public safety while providing opportunities  
11 for the inmates in our care to positively assimilate  
12 them back into society. With that I thank you once  
13 again, and would welcome any questions at the  
14 appropriate time.

15                   MR. BRIGHT: Thank you. Mr. Hamden.

16                   MR. HAMDEN: Good morning. Thank you for  
17 the opportunity to speak with you.

18                   My name is Michael Hamden. For the last  
19 twenty years I've been employed by North Carolina  
20 Prisoner Legal Services first as a staff attorney, and  
21 for the last ten years as its director. I also have  
22 the privilege of co-chairing the American Bar  
23 Association's Corrections and Sentencing Committee and  
24 served as the ABA's liaison to the American  
25 Correctional Association. In the American

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1 Correctional Association I have the honor to serve on  
2 the Standards Committee, the group that promulgates  
3 standards, and on the Commission For Accreditation For  
4 Corrections.

5 I'm not the spokesman for any of these  
6 organizations. I'm here to share with you my  
7 experiences and observations to the extent those have  
8 a bearing on your work. ACA accreditation  
9 accomplishes some very important things. One thing  
10 that people should understand, that it is almost  
11 entirely a voluntary process. Almost everyone who's  
12 involved in ACA accreditation does so because they  
13 choose to set the highest standards for the operation  
14 of their facility and not because they're compelled to  
15 do so.

16 The process is collaborative and  
17 supportive. It focuses on efforts to improve the  
18 facility and to professionalize the people who work  
19 there. It has the effect of improving safety and  
20 standard of life for people who work in the facility  
21 and people who are confined there.

22 Finally, I'd just like to thank the  
23 commission for your work and for undertaking this very  
24 important project. I thank also the staff and  
25 especially the Vera Institute. Thanks very much and

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1 be happy to address any questions you may have.

2 MR. BRIGHT: Thank you. If I could just  
3 ask the first question, since I sort of got the mike  
4 here, Mr. Washington, it was said here it's a  
5 voluntary process, right?

6 MR. WASHINGTON: Correct. It is, sir.

7 MR BRIGHT: No institution is required to  
8 do it unless you're a warden -- excuse me. Unless  
9 your commissioner says we're going to certify all  
10 the --

11 MR. WASHINGTON: Well, in the early days of  
12 the process there were a number of states that were  
13 required by way of lawsuits and the settlement of  
14 lawsuits, and/or required by way of their legislature  
15 to be involved in the process. But as far as the  
16 Association is concerned and the Commission is  
17 concerned, it is a voluntary process.

18 MR. BRIGHT: I meant this question, which  
19 is how transparent is that process? And secondly,  
20 what if somebody is certified -- an institution is  
21 certified, what sort of audits are conducted after  
22 that to see that they maintain the certification? And  
23 thirdly, if someone's accreditation is revoked, how is  
24 that accomplished?

25 MR. WASHINGTON: Let's get the terminology

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1 correct. The American Correctional Association  
2 accredits its correctional facilities. We are  
3 accrediting those facilities. So the way an audit  
4 takes place is that once an agency signs a contract or  
5 a program signs a contract with us, a staff person is  
6 assigned from our staff to be the liaison for that  
7 agency to help walk them through this process.

8           We have a contract with the agency that is  
9 asking for accreditation. The American Correctional  
10 Association and the Commission enter into a contract  
11 with that agency. Those agencies are usually  
12 governmental agencies. So the process is transparent  
13 in that instance, where if you have a question or if  
14 the outside public wants to talk about what's going on  
15 at that facility or have a copy of the report which is  
16 a result of the audit, it's available through that  
17 government, through that government entity, through  
18 the Department of Corrections, but not through the  
19 American Correctional Association.

20           The other question that you ask, follow-up  
21 audits. If a facility is accredited by the  
22 Association, the accreditation is good for three  
23 years. During that three-year period, time period, we  
24 have the ability to go back to that facility and  
25 monitor if we feel that that is necessary. If there

1 are significant events that take place at that  
2 facility, or if we get information from outside  
3 sources or newspaper articles, we'll inquire as to  
4 what's going on at that facility.

5           Also, every facility or program that is  
6 accredited is also required to give us an annual  
7 report. And in that annual report they talk about any  
8 significant changes at the facility. They talk about  
9 if there's been a change in management of the  
10 facility, and as I said before, any significant  
11 events. So we have the opportunity to continue to  
12 have dialogue with those programs during the  
13 three-year period.

14           If a facility is revoked at this point, an  
15 agency has to sit out for one year. We go back to  
16 work with them to figure out what those problems might  
17 be and bring them back in for an audit and a review by  
18 the Commission in order to restore them to the  
19 accreditation process.

20           MR. BRIGHT: Is that public knowledge? I  
21 mean, if you -- for example, the Fulton County Jail in  
22 Atlanta, by some miracle, got accredited. If it  
23 were -- if its accreditation were taken away, would  
24 that be public knowledge or would that not be?

25           MR. WASHINGTON: We do not do a press

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1 release saying we've revoked the accreditation process  
2 of any facility or any program.

3 MR. BRIGHT: Why not?

4 MR. WASHINGTON: What was mentioned by  
5 Ms. Turner was this process is collaborative. It was  
6 also mentioned by Mr. Hamden. It's a collaborative  
7 process.

8 The American Correctional Association's job  
9 here is to improve corrections, and we feel that we  
10 can do that by working with correctional facilities to  
11 help improve their programs. And in our view we  
12 prove and help to improve those programs by working  
13 with them. There are enough individuals out there who  
14 will continue to lobby against them, who will notify  
15 the public of problems, who will also take issue with  
16 things that happen at the facility.

17 I've worked for the American Correctional  
18 Association for twenty years, and in those twenty  
19 years I've done all I possibly could, either working  
20 in the standards department or working in the  
21 executive office now, to help correctional facilities  
22 and programs in this country. And I feel that my  
23 association has done the exact same thing.

24 MR. BRIGHT: Well, it's sort of like the  
25 bar association disbaring a lawyer and not telling

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1 anybody when it happens.

2 MR. DUDLEY: I mean, what you're describing  
3 seems to me an enormously important function in  
4 supporting the member organizations and helping them  
5 to improve their performance by meeting these agreed  
6 upon standards. I guess what I'm curious about is if  
7 at some point there was a requirement that  
8 correctional facilities be certified or accredited in  
9 order to exist in the same way that hospitals must be  
10 or whatever, would you see this -- and particularly in  
11 light of some of the other comments, would you see  
12 this, the process that you're doing, as appropriately  
13 assuming that function, or would that undermine your  
14 work in the sense of actually trying to help member  
15 organizations improve their function, and there should  
16 be some other organizations that would do that type of  
17 accreditation? You know what I'm saying?

18 MR. WASHINGTON: Let's examine the process  
19 that you speak of. The national -- the Joint  
20 Commission on Hospital Accreditation is probably one  
21 of the most powerful accrediting groups in this  
22 country. They hold the power of either continuing the  
23 operation or closing down hospitals in this country.  
24 That is not a power that I look forward to our  
25 commission having. We are a helping body. That's

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1 what we've --

2 MR. DUDLEY: I recognize that.

3 MR. WASHINGTON: That's what we are known  
4 for. That's what we would continue to be. But the  
5 Joint Commission on Hospital Accreditation has  
6 something else. There's Medicaid funding and other  
7 governmental funding tied to those hospitals achieving  
8 their accreditation and keeping it, and there's a huge  
9 lobbying effort by the Joint Commission on Hospital  
10 Accreditation in order to maintain that particular  
11 spot and pulling that kind of money in for helping  
12 correctional -- helping hospitals remain accredited.

13 There's not that kind of money set aside by  
14 the federal government to help state facilities or  
15 local facilities improve. There was at one time when  
16 we had the crime bill. There was money put out there,  
17 but that money was only put out to build facilities,  
18 not to help keep those facilities operating after you  
19 built those facilities.

20 So one of the things you look at is states'  
21 rights in this. Are you going to have something  
22 mandated from the federal government and mandated with  
23 no money, or are you going to have something mandated  
24 from the federal government that comes with  
25 appropriate funds in order for you as a correctional

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1 figure to be able to do your job.

2 MR. DUDLEY: So you're saying that if such  
3 were the case, all they could do is simply close a  
4 correctional facility, and what would be the purpose  
5 of that?

6 MR. WASHINGTON: Well, exactly right. What  
7 would happen in that instance, you have got to deal  
8 with the employees that are there. You have got to  
9 deal with the offenders who are there. Our purpose in  
10 this entire field in dealing with corrections and  
11 dealing with accreditation is to help improve  
12 conditions. Where we find problems we want to give  
13 the administrator solutions to those problems and help  
14 them better their facility.

15 If they can't remain in the process, then  
16 we ought to walk them through how they can come back,  
17 and provide the assistance to get there because our  
18 ultimate goal is to provide safer facilities, safer  
19 for the community, safer for the staff, and safer for  
20 the offenders who are in the facilities.

21 MR. DUDLEY: I'm clear about that. I guess  
22 I was trying to get a sense as to in light of some of  
23 these other comments, were you feeling that -- and I  
24 think what you're describing seems to be enormously  
25 important. I guess what I was trying to understand is

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1 whether or not you felt there was any role for a  
2 different type of process that was controlling in a  
3 different sort of way.

4 MR. WASHINGTON: Well, I think that you  
5 still --

6 MR. DUDLEY: I'm not sure there is.

7 MR. WASHINGTON: I think you still run into  
8 the problem of a process if it is mandated. It has to  
9 be mandated by someone and you're looking -- you're  
10 dealing with state facilities and/or private  
11 facilities, but state facilities in particular that  
12 are operated by the states and looking at state  
13 sovereignty. Right now the state department of  
14 corrections is not being mandated to do anything that  
15 is not funded by the federal government, and that's a  
16 clear separation that remains.

17 MR. SCHWARZ: I wonder if the discussion  
18 that's been going on could be helped if it was made  
19 somewhat more concrete, and for the two of you who are  
20 at the Commission, you said, Ms. Ridley-Turner, when  
21 you were in Indiana there was an example of an audit,  
22 or audits. And you said something like the audit and  
23 what it pointed out was helpful to you. And so I  
24 think it would be helpful if you said what that was.

25 And Mr. Washington, maybe you could also be

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1 more concrete by giving examples of where you believe  
2 the practice shows that the cooperative, helpful  
3 effort that you describe has, in fact, made a  
4 significant difference in trying to be concrete on it.

5 MS. RIDLEY-TURNER: I might address one  
6 example this brings to mind that I was addressing with  
7 them was tool control. Tool control is a mandatory  
8 standard. If you're in a maximum security facility,  
9 you want to know at all times where all your  
10 instruments -- tools are, because tools can become  
11 weapons.

12 This was in our maximum facility. They  
13 thought they had a great tool control system in line.  
14 It was there. It was by policy. They were following  
15 it to the letter, they thought. When we were getting  
16 ready for accreditation at that facility, they went  
17 through, they looked at the standard. And I had an  
18 accreditation manager appointed at central office  
19 whose function it was to go around, among other  
20 things, and help the facilities come on-line to become  
21 accredited.

22 When they went and did the mock audit, they  
23 found that there were tools in places that tools  
24 shouldn't have been. The superintendent was asked  
25 about this. And we developed immediately at that

1 facility a different tool control process. The tool  
2 control was something that needed to be for the  
3 operation of the facility.

4           What pointed it out was the audit and  
5 getting ready to come to accreditation to meet the  
6 standard. They found that there was a big gap in  
7 security. There was a breach there that needed to be  
8 fixed, and went about doing that. That came about  
9 because they were attempting to go through the  
10 accreditation process.

11           But that's just an example that sprang to  
12 mind. Those are some of the things that get pointed  
13 out when you go through the auditing process.

14           MR. WASHINGTON: In every standards manual  
15 that we have, we have a standard that requires that  
16 there be fire inspections at the facility, and those  
17 inspections are to take place annually. And those  
18 inspections are to be completed by an individual who  
19 does not have control over the facility or work  
20 directly for anyone in that facility.

21           Throughout those manuals, both adult and  
22 juvenile, it has sort of opened correctional  
23 facilities up to other agencies to come in and give  
24 them a helping hand in improving fire protection at  
25 the facility. That's a positive. When in the past it

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1 might have been more difficult to have the fire  
2 marshal of a particular jurisdiction to have the time  
3 to come into a correctional facility.

4           So I think that a prime example is that we  
5 feel that those facilities are more safer, even  
6 facilities who aren't in the accreditation process,  
7 but who do have these standards manuals. You can  
8 usually suggest that they're probably doing fire  
9 inspections on an annual -- on an annual basis.

10           A question I would put forth, there are at  
11 least two of your commissioners who throughout their  
12 correctional career have latched on to this process  
13 and feel that it was appropriate for them to use  
14 throughout their processes, as working from one state  
15 or one facility to another.

16           I think that's an example that individuals  
17 have latched on to, and we feel they're good  
18 management tools to not only manage and help manage  
19 inmates, but also in dealing with staff. Because  
20 throughout this process we feel that it's transparent  
21 enough that inmates know what's required, staff know  
22 what's required, and the administrators are also held  
23 to a standard because they know what's required.

24           MR. SCHWARZ: Could you give an example, is  
25 it -- like fire inspections, but actually affects how

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1 the relationship between correction officers and  
2 prisoners works, and how you -- specifically how your  
3 audits have made something happen? I'm trying to help  
4 you bring out a more concrete description of what's  
5 happened.

6 But I think to make the record, you ought  
7 to help us and tell us about some specific things that  
8 you think have been done that help on cutting down on  
9 excessive force like we discussed in the panel before  
10 you, or relating to other matters that are important  
11 in the life the prisoners live and the life that  
12 correctional officers live within the institution.

13 MR. WASHINGTON: Sir, I would think that  
14 every standard that we have in the manual is important  
15 in the life of the offenders.

16 MR. SCHWARZ: Give some examples of where  
17 you think -- and because you're -- you've got them,  
18 you've been there twenty years, of where you think  
19 there have been some specific improvements in  
20 particular states in how they handle the problems that  
21 exist.

22 MR. WASHINGTON: I can't give you specific  
23 examples on what's happened.

24 MR. SCHWARZ: You don't have to tell me  
25 about a state, but do it just sort of as a generic.

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1                   MR. WASHINGTON: I can't give you specific  
2 examples of states, but let's talk about a number of  
3 the standards. There's a standard that requires the  
4 square footage standard, for example. The old  
5 standard that we talked about talked about seventy  
6 square feet of space in a cell. After research, we  
7 took a look at that particular standard, and it was  
8 better to take a look at that standard asking for 35  
9 square feet of unencumbered space. Space, that is,  
10 that you would need to be able to exist to move around  
11 in a cell or in a housing unit, and we felt that that  
12 was very important.

13                   The standard that deals with the shower  
14 ratios. The standard specifically talks about the  
15 shower ratios for individuals in a housing unit. That  
16 has gone a long way to provide assistance for  
17 individuals to be able to use the showers, which is  
18 very basic.

19                   We have the standard that talks about meal  
20 preparation. Very important, the standard that talks  
21 about meals in the facility. That at least two of  
22 those meals have to be hot meals, and that between the  
23 first and the last meal they can't be more than  
24 fourteen hours. Very, very important to provide  
25 individuals with the appropriate nutrition and to

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1 provide them with the appropriate meals they need to  
2 be able to exist.

3 MR. HAMDEN: I have some concrete -- each  
4 of the standards that Mr. Washington recited to you  
5 has been the basis for some action in a panel hearing  
6 in front of a facility or sometimes, in some cases, in  
7 front of the systems. They're system-wide policies  
8 that are not in compliance with the standard that can  
9 be addressed on a system-wide basis in the context of  
10 a single accreditation hearing.

11 And I can remember a couple of cases. One  
12 specifically where prisoners in punitive segregation  
13 were being deprived of exercise completely, had no  
14 opportunity to exercise at all. And the facility  
15 appeared and requested a waiver from compliance with  
16 the standard on the basis that this was designed to be  
17 punitive, and the deprivation of exercise reinforced  
18 the message that you're not going to behave as you  
19 behave. That doesn't comply with standards. It is  
20 not a subject fit for a waiver and excuse not to  
21 comply with the standard.

22 And we discussed, with the facility, the  
23 legal implications of failing to provide adequate  
24 exercise for prisoners, including those in segregated  
25 status. They changed the policy.

1                   Another facility that I can remember was  
2 feeding an incredible number of people. I'm not going  
3 to get this exactly right, but they had something like  
4 three shifts, and they were feeding and allowing  
5 something like ten to twelve minutes for each group to  
6 eat. Well, I mean, that doesn't comply with  
7 standards, if it's even physically possible.

8                   And by discussing that and having the  
9 benefit of input from their peers who have dealt with  
10 crowding issues and these types of challenges, get  
11 ideas for how to address the problem, and if that kind  
12 of help can solve the problem, then that facilitates  
13 the process. So those are two examples that I can  
14 think of offhand.

15                   MS. SCHLANGER: You all have a great deal  
16 more experience with this than I do, but I've been  
17 working or in and around prisons and issues to do with  
18 prisons for about ten years now. For ten years I've  
19 been hearing the same complaints from some folks about  
20 accreditation. And I don't know the truth of these  
21 complaints, but I would really like to hear you all  
22 address them because I've never heard them addressed.

23                   Those complaints about accreditation are  
24 that it's not tough enough, that the standards are too  
25 low. That's one set of complaints. I think you have

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1 actually talked about some of that. But the bigger  
2 complaint you hear about accreditation is that it's  
3 about paper compliance, that it's not true, that it's  
4 all about whether or not the folks at the facility can  
5 talk a good game and have the right policy in place,  
6 but not about whether they've complied with that  
7 policy.

8                   So particularly when you hear this  
9 complaint it's about the use of force policy. I'm  
10 getting back to Mr. Schwarz. So the idea is, yeah,  
11 there's a use of force policy, but you know what, they  
12 violate it. And ACA accreditation is not geared at  
13 understanding that kind of noncompliance. It misses  
14 real problems.

15                   Again, I'm not -- I'm not putting this  
16 forth as true. I'm just telling you what I've been  
17 hearing for ten years. So that the argument is it  
18 misses real problems. And how do we know it misses  
19 real problems? Well, because every year there are  
20 accredited facilities that face really serious  
21 lawsuits or where people die in force situations or  
22 whatever. And so we know that it's not right.

23                   And I do remember one in my old hometown,  
24 where the ACA came back to a facility months after it  
25 had been accredited and revisited it. And I'm going

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1 to get this terminology wrong, but lifted the  
2 accreditation until it solved things when some  
3 problems came to light after the site visit. So  
4 that's the problem you hear about accreditation.

5           And there's one more problem you hear about  
6 accreditation -- I think Mr. Dawe spoke to it also,  
7 and that is that it's so opaque that if you're a  
8 community member who has, you know, democratic reasons  
9 to want to know what goes on in a governmental  
10 facility in your hometown, that you can't find it out.  
11 And that accreditation is so opaque that it -- all you  
12 can find out is we're accredited. But you can't find  
13 out sort of the inner workings of that in a way to  
14 know how serious to take that.

15           So again, I mean, I've just -- I don't want  
16 to sound like I'm attacking you because I'm really  
17 not. I don't have a view on this, but I've been  
18 hearing people say this stuff for a long time. And as  
19 I say, I've never heard anyone answer it. So I'd  
20 really like to hear since we have three people who  
21 work on accreditation a lot and who are very good  
22 faith and, you know, who are trying to do all the  
23 right things, I'd like to know how you respond to that  
24 set of critiques.

25           MR. DAWE: Yes, if I may. As a line

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1 officer, I went through several accreditations. And I  
2 can tell you one of the biggest problems we had with  
3 that was we knew well in advance who was coming, when  
4 they were coming, and you could always tell the day  
5 the accreditation team would be there because there  
6 would be more staff. You'd be tripping all over them.  
7 And the day after the accreditation team left, the  
8 staff would then be gone.

9                   So it became a situation where it was very  
10 easy to step up to the plate and meet the minimal  
11 standards, knowing that full well within 48 hours you  
12 were going back to the way business was done as usual.  
13 And also knowing that you would not see an  
14 accreditation team for three more years.

15                   The paper audit at the end of every year  
16 after the first year is simply a matter of the  
17 Department of Corrections signing off saying, yeah,  
18 we're doing the same things you told us to do a year  
19 ago, and there's no checks and balances on that. That  
20 leads to one of the biggest problems in accreditation,  
21 and that is familiarization between the ACA  
22 accrediting team and the institution they're  
23 accrediting.

24                   Yes, I can understand Mr. Washington and  
25 the ACA's feeling that they should work in concert

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1 with the administration for progressive change, and  
2 that's understandable and applaudable in many cases.  
3 However, there is a failure to address the real  
4 issues. The staffing issues, the inmate violence, the  
5 recidivism rates, the issues that we deal with on the  
6 line every day.

7                   Sure, it's nice to have a policy that says  
8 you must have protective vests. But if the department  
9 goes out and buys ballistic vests that protect you in  
10 the chance of a gunshot, and doesn't provide  
11 stab-proof vests, which is really what we're in danger  
12 of having happen to us, then that's a fallacy that  
13 that policy in any way is helping the department of  
14 corrections or the men and women who work there.

15                   The final thing I'd like to say on this is  
16 the economic link. As long as you are paying to be  
17 accredited, that accreditation is going to be flawed  
18 and lacks credibility in my mind. I think there  
19 should be governmental oversight. I think  
20 accreditation should be done by a governmental agency  
21 not linked with the facilities, especially not  
22 economically with the facilities they're accrediting.  
23 It causes a tremendous conflict of interest.

24                   The ACA, being a nonprofit association, I  
25 understand that, but there's a lot of money involved

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1 here. And there's a lot of money that changes hands  
2 for one accreditation. 12,000, 15,000 dollars an  
3 accreditation. Remember, this is a voluntary process.  
4 What superintendent in his right mind is going to  
5 spend 15,000 dollars to have the public know they  
6 failed.

7                   That leads to the next problem, which is  
8 visibility, which is transparency. I do not buy, and  
9 do not believe, that anybody should stand behind  
10 accreditation process and say we can't disclose that.  
11 It's up to the department of corrections to disclose  
12 that. I don't buy that. I think all us as citizens  
13 of this country, and the officers that work there and  
14 inmates that are incarcerated there need a better deal  
15 than that. We need to expose this to the light of day  
16 as we do so many other problems in corrections. And  
17 hiding behind that veil of secrecy does no one any  
18 good.

19                   MR. BRIGHT: Mr. Washington.

20                   MR. WASHINGTON: I'm troubled, and I need  
21 to tell you why I'm troubled. I've sat through these  
22 commission hearings for a day and a half, and there  
23 has been no other panel that has sat here and where  
24 individuals on that panel have been attacked. And I  
25 don't feel comfortable with that. Or the process that

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1 those individuals are talking about has been attacked.  
2 And I don't feel comfortable with that. I feel that  
3 this panel has been stacked against accreditation,  
4 against the association.

5                   You can take a look at Mr. Dawe and his  
6 comments concerning this whole process. I will not  
7 respond to the accusations that he's made. I've  
8 clearly stated how transparent we believe this process  
9 is, and how we are in this process to help. You talk  
10 about whether or not agencies or individuals out in  
11 the public have the ability to be involved in this  
12 process. They do. There's a notice put in public  
13 areas that tell individuals that a hearing is about to  
14 take place, and they have the opportunity to either  
15 call our agency or send us letters or contact the  
16 facility and ask for an interview with the audit team.

17                   Let's talk about the audit team. Over 650  
18 correctional individuals who we feel are appropriate  
19 to do the job they're doing, and they do it on a daily  
20 basis for not very much compensation. They do it  
21 because they believe in this process, and they believe  
22 it's something that needs to go forward.

23                   The amount of money that an agency spends  
24 on accreditation, between seven and 10,000 dollars,  
25 yes, we think it's very important that they spend that

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1 money. We also understand that there is no other  
2 organization out that accredits correctional  
3 facilities that has government backing.

4           You talk about whether or not an agency or  
5 a facility fails the accreditation process, what  
6 happens after that. There are hospitals every day  
7 that fail the Joint Commission on Hospital  
8 Accreditation, and you still go to those hospitals.  
9 They have operations. They have people who die in  
10 those facilities.

11           There are universities across this country,  
12 like this, that are accredited by organizations that  
13 will credit educational facilities. But we know that  
14 they graduate people who are illiterate and who can't  
15 practice law or who can't do other things, but we  
16 continue to send our children to those colleges.

17           You're holding corrections to a higher  
18 standard than you're holding any other profession in  
19 this country, and I take offense to that. I think  
20 this process is transparent. Individuals who want to  
21 participate in this process have the ability to do  
22 that. And I think as corrections professionals and as  
23 the oldest correction association in this country, I  
24 feel we stand strong on what we've done in  
25 accreditation and what we've done for the profession

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1 of corrections, and will continue to do so.

2 MR. BRIGHT: Anybody else? Yes, sir,  
3 Mr. Hamden.

4 MR. HAMDEN: Yes. With respect to  
5 Mr. Washington, who obviously feels very deeply about  
6 this process, and rightfully so, in my opinion a lot  
7 has been accomplished. A lot of good work goes on.  
8 On the other hand, I think Mr. Dawe makes good points  
9 and Commissioner Schlanger certainly addressed some  
10 criticisms that I've heard. And I'll take a shot at  
11 answering them.

12 The standards are not tough enough in some  
13 respects. I agree there are standards that do not  
14 come to the level I think we could accomplish, but I'm  
15 a member of the Standards Committee, and one of twenty  
16 or so members, all of whom are correctional  
17 professionals with great experience and expertise.  
18 And I would not represent to you that I know better  
19 than they do.

20 These things are discussed and debated, and  
21 sometimes hotly debated. A vote is taken, and then we  
22 have a standard or then we have a revised standard.  
23 That's the process by which this happens. It's a good  
24 process. It's an open process, and it invites input  
25 from the public and from people who have criticism.

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1 And I think I speak for the commission, not formally  
2 but on a personal level, that we are concerned about  
3 the integrity of the process and welcome help to  
4 improve the process. So that's the standards  
5 question.

6 Paper compliance, there is a lot of  
7 paperwork involved. But before a facility has an  
8 audit team on the premises they work a year to  
9 eighteen months to prepare for the audit, and that's  
10 not simply paperwork. That's changing procedures and  
11 educating people and getting people involved. Then an  
12 audit team, usually comprised of three people who have  
13 expertise in some aspect of correctional operations,  
14 come into the facility. And usually those are  
15 collegiate visits. Sometimes they become heated and  
16 hostile. But the object is always to improve the  
17 operation of the facility.

18 After the audit, the facility has an  
19 opportunity to respond in writing to the findings of  
20 the auditor, and then the facility sends  
21 representatives to the panel hearing to advocate its  
22 position to argue about whether they were in  
23 compliance or whether they should be allowed a waiver  
24 not having to comply. And due process is built into  
25 that. Again, I am really proud to be part of that. I

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1 think it's a wonderful thing, very supportive.

2 I also agree there are ways in which it can  
3 be improved. And the commission is involved in  
4 continuously improving its operation, and open to  
5 criticism and happy to have any help we can get.

6 Not adequately transparent, I think there  
7 are respects in which that's true. I don't believe  
8 that we advertise or announce that facilities have  
9 been accredited. I don't think we do that. And I  
10 know that we don't advertise that accreditation has  
11 been revoked. We do ask for input from people in the  
12 institutions, staff, offenders.

13 I'm not sure that that -- the word that  
14 there's an accreditation pending reaches the general  
15 community, and I think it would be if it did. I also  
16 think that advocacy groups interested in the operation  
17 of the prison should be aware of the process and  
18 should know that the commission welcomes input of all  
19 kinds, and particularly well-founded criticism.

20 I mean, we want to know how the facility  
21 operates. We would like to identify and to address  
22 the problems. There is an economic link, and that is  
23 the way that the process is financed at present.  
24 There is an inherent conflict in that, and it is  
25 uppermost in the minds of commissioners, and I'm

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1 pretty sure uppermost in the minds of agency  
2 representatives.

3 I believe we do a reasonably good job of  
4 putting that consideration aside. For example, the  
5 commissioners have no specific knowledge of the terms  
6 of the contract or the amount that is being paid or  
7 any concern about that aspect of it. It is basically  
8 a review of the material we have in front of us, the  
9 report from the representative of the agency, and a  
10 determination by the panel as to whether the  
11 facility's in compliance.

12 So in summary, I would say it's a great  
13 process. I'm proud to be part of it. There are lots  
14 of ways that it can be improved. We're working on  
15 some. We'd like to have ideas about how that can be  
16 further improved and welcome input from anybody who's  
17 interested.

18 MS. RIDLEY-TURNER: I might add from my own  
19 perspective, again, I think that your comment about  
20 the paper compliance, I think it would be hard-pressed  
21 for me to tell my superintendents when they were going  
22 through this that this is just a paper compliance.  
23 Because as I indicated to you, they got their life  
24 blood into it. And they knew that this is how we were  
25 going to be monitoring them for time to come.

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1                   And maybe that's just the management of the  
2 particular state agency or the facility taking it in  
3 too and believing that this is a process that works  
4 and not making it a paper process. I don't know. But  
5 I see more than just pushing papers and becoming  
6 compliant. Correctional agencies, we have policy, we  
7 have procedure. I mean, that's how we run.

8                   This is just the manner of saying there's  
9 secondary compliance to see that you're doing it,  
10 you're not just saying you're doing it. It's a way to  
11 look back for the manager of the facility as well as  
12 for the auditors when they come.

13                   And one thing that I don't think Jeff  
14 mentioned, but one of the standards required, I  
15 believe, that we have a citizen's advisory committee.

16 So it is quite open that some of the facilities had to  
17 go out and invite the community into the facility in  
18 order to meet that standard. So facilities that had  
19 not had advisory committees operating before, I had  
20 facilities going out and inviting citizens to come in  
21 and to become part of the advisory committee.

22                   And these committees began to function in a  
23 way they would come in at least quarterly, and they  
24 would find out what was going in the facility. And  
25 that was opening up what normally had not been an open

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1 facility to the public to come in and see. So I think  
2 that's some transparency that comes about because of  
3 ACA. That we do have to do this if we want to be  
4 accredited, not just that's the right thing to do, but  
5 that's another thing that happens.

6 MR. BRIGHT: Mr. Maynard.

7 MR. MAYNARD: I have, of course, been a  
8 member of the Commission on Accreditation and the  
9 Standards Committee, and I've been an auditor for many  
10 years. I have been warden where institutions were  
11 audited and accredited, and so as director went  
12 through several. I don't think I ever -- there was  
13 never one audit that I went through, or my  
14 institutions went through, that I thought we had  
15 anything made. It was always really a question down  
16 to the last. But I didn't feel any of the -- you  
17 know, that since we paid, all of a sudden we're going  
18 to be passed.

19 I think -- so my perspective on the  
20 accreditation has always been from the other side,  
21 saying here is a group of standards that we imposed on  
22 ourself. Nobody else is doing it, and we think we  
23 want to raise our own standards. So I'm kind of like  
24 Jeff. When it's criticized I think, well, we're being  
25 criticized for doing something on our own that tries

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1 to improve our profession.

2 I guess the question depends where you  
3 stand, depends on where you sit. I'm sitting over  
4 here now. I'm feeling the people say help us figure  
5 out what is -- what should we recommend in terms of  
6 accreditation. I think, you know, the idea that this  
7 system is not the best, that may be true. But what is  
8 better, and who has done anything to do anything  
9 better, and who's going to fund it?

10 I know -- I know there are institutions out  
11 there that I wished everybody had to go through some  
12 accreditation process because I think it really  
13 improves the operations. But I don't know how we, or  
14 how anybody, can say that the system is mandatory,  
15 that it is required. We can't do that, but it seems  
16 like to me that it would be better if we did have a  
17 system that was -- had some more force to it to cause  
18 more people to be involved.

19 I think as was mentioned, you know, there  
20 are institutions where -- accredited institutions  
21 where people die. There are accredited hospitals  
22 where people die. It doesn't guarantee anything. But  
23 I think over time, I think that evidence will show  
24 that -- and having run accredited institutions, I  
25 think they're run better than institutions that are

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1 not accredited.

2 I just think it's a management. It's  
3 simply good management standards that deal with  
4 administration segregation, how long people can be on  
5 administrative segregation, how often they have to be  
6 reviewed. There's lots and lots of standards that  
7 deal with better management within the organization.  
8 But still again, over here, the question is what would  
9 the system look like that would be better than what  
10 we've got? How would it be funded, and what would it  
11 look like?

12 MR. DAWE: Is that directed at me, sir?  
13 First of all, let me make it perfectly clear, if I  
14 haven't done so already, that we are very much in  
15 favor of an accreditation process. We think that that  
16 is critical to progressive change within a  
17 correctional environment. Our problem is not with the  
18 ideology behind accreditation, nor the ideology behind  
19 the ACA.

20 Our problem is with the methodology and how  
21 the end result is evaluated and how change is asked  
22 for. We've had several meetings with the ACA.  
23 Mr. Washington may not be aware of that. I've written  
24 to them on numerous occasions, Ron Angelo from  
25 Virginia, who come down to our conferences and spoke

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1 with us on the ACA.

2                   So we have tried to be involved with the  
3 ACA at those levels. We seem to get brushed aside  
4 quite often because our concerns are not within the  
5 realm of what the ACA is trying to do. We want to be  
6 the tougher. I think one of the problems we have in  
7 corrections is we're not tough enough. I find it odd  
8 that I'm the only one up here on this side of the  
9 table questioning the ACA, yet Mr. Washington feels  
10 attacked.

11                   I'm a correctional officer. I think we  
12 took a pretty bad beating up here the last couple of  
13 sessions. So I feel too we have been under attack.  
14 What we're looking to do, we're looking to make  
15 changes so that we can better evaluate these systems.  
16 One of the things we're very concerned with is  
17 staffing ratios. There's very little on staffing  
18 ratios or anything mandatory.

19                   Additionally, how can we make this system  
20 better? I think we have to try and take the money out  
21 in some manner. Now, we can't mandate certain things  
22 from the federal level, but we may be able to mandate  
23 from the state level that there is some type of  
24 outside accreditation process or some way to take the  
25 link between the ACA or whoever the accreditation body

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1 is, and with fiscal -- their fiscal stability in a  
2 pass/fail from their institutions, there has to be a  
3 way to make those changes.

4 I'm not proposing that I know what that --  
5 what that way is, but I am proposing that we need to  
6 do everything we can find -- to find a way to do those  
7 things. We can't -- we can't settle for status quo.  
8 It's not working. The glass is less than half full,  
9 and we need to look for ways to better that.

10 One of the ways we can better that is by  
11 looking at a process of accreditation. Not saying the  
12 ACA accreditation doesn't mean anything. It means a  
13 lot in certain instances. I've got no problem with  
14 that. I think in certain instances they should be  
15 applauded for the job they do and the willingness to  
16 do it, but it does not go far enough. The  
17 relationships are too cozy in our opinion. We know  
18 when it's coming. I don't know how you can have an  
19 accreditation process when you know it's coming before  
20 it gets there. There's no checks -- unannounced  
21 checks when handling things like that happen.

22 Those things can be changed relatively  
23 easily without a monetary problem. And I think those  
24 things should be changed. I think, yes, everybody  
25 needs to know the standards by which they will be

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1 accredited, but they don't need to know the date the  
2 accreditors are coming. They don't to -- they don't  
3 need to be told a lot of the prerequisite things that  
4 are happening now.

5                   They need to have them walk in the door and  
6 find out the staffing they saw when they walked in the  
7 door when they knew it was coming is a hell of a lot  
8 different than the everyday staffing. And those are  
9 things that are obvious to us that work on the line.  
10 I worked the line for sixteen years. I saw many of  
11 these instances.

12                   So let me just finish by saying that  
13 ideologically we are on the same page. We need to a  
14 accredit our facilities. We need them to be  
15 transparent. We need them to be open to public  
16 exposure. We can do a lot more than we're doing in  
17 the current system to bring that to fruition and to  
18 make it better for us all.

19                   We all have the same objective here. We  
20 want first and foremost in corrections is public  
21 safety. That's our number one goal. The second from  
22 an officer's standpoint is the safety of the staff  
23 that we work with. Third is the safety of the  
24 officers, my brother and sister officers. The fourth  
25 is the safety of the inmates. Those are the four

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1 categories by which we have to -- should be judged.

2 In order for us to judge those categories,  
3 we need to take a strong, unrelenting look at how to  
4 make these changes possible. Let's not make it  
5 easier. Let's make it harder.

6 MR. BRIGHT: Mr. Washington, go ahead. I'm  
7 sorry.

8 MR. WASHINGTON: Twenty-five years ago --  
9 or I think it was in 1974 when this process began, it  
10 began because the courts felt that judges didn't want  
11 to operate correctional facilities. And they  
12 basically told the corrections professionals you've  
13 got to, number one, develop some standards or we're  
14 going to run these facilities for you. And now that  
15 you've developed those standards, you need to develop  
16 a process by which you can measure whether or not  
17 you're doing what you say you are doing.

18 And since 1974 those standards have gotten  
19 increasingly tougher in areas that they need to get  
20 tougher in. This whole process, one forgets, is  
21 minimal standards. It does not stop a facility from  
22 going beyond those standards. When you're looking at  
23 dealing with correctional facilities across the  
24 country, you find a level at which you can operate and  
25 you can bring facilities up to that level. And you do

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1 understand that there are facilities and programs that  
2 will go beyond that level, and you applaud them and  
3 you do all you can to help them.

4           There are 3300 jails in this country. And  
5 most of those jails are small jails, mom-and-pop  
6 operations that we talk about. And today those jails  
7 feel that they, in some instances, can't get into this  
8 process. I disagree. They can. But we've had to  
9 make the process more friendly to be able to deal with  
10 them and deal with the predicaments that they have in  
11 operating small facilities, in small communities, with  
12 small resources, or with less resources.

13           The philosophy that we have set in place as  
14 it relates to this process is I look at this glass as  
15 being more than half full. I know that these  
16 facilities are better than they were. They can and  
17 could and should be better. We will work with them to  
18 get to that point, but that's where we have a  
19 philosophy difference. We're willing to work.

20           In some instances, if you take a look at  
21 litigators who deal with correctional litigation and  
22 take a look at the commission and what we do in  
23 accreditation, we're about doing things. The same  
24 things. You want a result because of what you feel  
25 has happened in a facility, and you do it by way of

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1 litigation. The American Correctional Association and  
2 Commission has chosen to do it with accreditation,  
3 holding agencies to a standard.

4 Be it a minimal standard, but a standard  
5 that takes into consideration life and health and  
6 safety issues and makes those standards mandatory, and  
7 deals with the other standards as being non-mandatory  
8 standards. But an agency buys into compliance with  
9 every standard that's applicable to their facilities.

10 As long as we continue to work in the  
11 process, of course we're going to try to improve it.  
12 Of course, at every one of our Standards Committee  
13 Meetings we have testimony from the outside. We work  
14 very closely with outside groups to deal with changes  
15 in the standards.

16 One that comes to mind very specifically is  
17 the standard that deals with telephones and telephone  
18 communications. That standard was pushed through by a  
19 group called CURE, Citizens United for Rehabilitation  
20 of Errants. That standard was put together and forced  
21 through and explained to the Standards Committee that  
22 this was wrong. That it was wrong to charge  
23 exorbitant fees to individuals who call folks from  
24 correctional facilities. And the Standards Committee  
25 listened, and the Standards Committee made that

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1 change.

2                   With the PREA Commission and the inferences  
3 on sexual abuse within correctional facilities, the  
4 Standards Committee stepped to the plate and developed  
5 standards that deal with sexual abuse. So I say we're  
6 responsive. We could do better. We want to do  
7 better. Because the professionals who are on the  
8 Standards Committee and those people who are on the  
9 Commission, I know we will do better.

10                   I think it's the best process that we have  
11 now. I think it has worked. I'd like to see it  
12 improved. It will be improved, but I think it's the  
13 best thing we have going, and the association will put  
14 its backing behind it.

15                   But my first and most important job is to  
16 make this process and this profession as professional  
17 as I possibly can. All the other things will fall off  
18 into that. We'll have safe facilities, safer staff,  
19 safe for the offenders, safe for the public. I think  
20 that we do that, and we'll continue to do that.

21                   MR. HAMDEN: Just one concluding thought.  
22 The question as to whether the commission can  
23 propagate some requirement that all correctional  
24 facilities follow some accreditation process. I think  
25 it's clear not. But I don't know that there's any

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1 reason that Congress couldn't do so in connection with  
2 the power they have over the purse. I think virtually  
3 all correctional facilities receive federal funding in  
4 some kind. So if that were the commission's  
5 recommendation, then there probably is a way that it  
6 can happen.

7 MR. BRIGHT: All right. Mr. Krone and the  
8 General.

9 MR. KRONE: Well, here the question was the  
10 answer I was looking for. We were hearing all about  
11 the flaws, we were hearing about I can't do this, I  
12 can't do that. I want to know why we can't get it  
13 mandatory. What good is having all the great work  
14 you're doing, all the importance it is if we can't  
15 make it even across the board something that sounds  
16 like you're saying it can't be done, it can't be done.  
17 I want to know how we as a commission can overcome  
18 that obstacle.

19 If I open up a restaurant and they tell me  
20 I don't have to wash my hands, I know I'm going to  
21 wash my hands because I'm pretty sure the rest of the  
22 public might not want to eat at some of those places  
23 that don't have to. If you've got these good rules in  
24 place and the important things you're trying to  
25 improve constantly -- I mean, I don't like the idea of

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1 thinking after a hundred years you still haven't  
2 figured out a way to get this implemented nationwide,  
3 get this into use because they really do need it.

4           Maybe if that would have been done twenty,  
5 thirty, fifty years ago we wouldn't have to have this  
6 commission now. But my question is going to be what  
7 obstacles -- how do we as a commission overcome this  
8 candor of it's not being done obstacle and say how do  
9 we get this implemented across the board some way? If  
10 not mandatory, statutory, but at least, you know, give  
11 the people in corrections the encouragement, the  
12 reason, the motivation to say, well, I'm going to do  
13 it voluntarily, and all of them, the peer pressure  
14 alone would make them want to do it.

15           MR. SCHWARZ: I think with the power you  
16 have on this commission then you should make a  
17 recommendation, and whatever that recommendation will  
18 be, we'll see how and whether or not the public  
19 follows.

20           MR. DAWE: If I may, Mr. Krone, if you look  
21 on what I presented in my written testimony, I set out  
22 some standards that we've talked about at Corrections  
23 USA. The first one is the standards by which a  
24 facility would be evaluated must be known in advance.  
25 That's done -- can be done and that's not a problem.

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1                   Number two, the accreditation should be  
2 conducted with correctional professionals. We're  
3 there. Most of that is being done now.

4                   Number three, there should be no advance  
5 notification as to when the accreditation will occur.  
6 We can certainly do that. It's not being done.  
7 There's no physical problem with that.

8                   Number four, the accreditation team should  
9 have no familiarity with the administration  
10 facilities. We can do that. That's not a problem.  
11 That can be done.

12                   Number five, there can be no financial  
13 link. There's a problem. Now, that's something we  
14 may have to look at from a mandatory standpoint, some  
15 type of federal funding to set that up.

16                   Number six, evaluations are based on  
17 practical applications. My example is of the  
18 ballistics vest versus a stab-proof vest. We can do  
19 that too.

20                   Number seven, the results of the  
21 accreditation process should be available to  
22 everybody, to the public. The public pays for our  
23 prisons. They're going to pay for the inmates when  
24 they come out. They pay for them when they're in  
25 there. There needs to be full accountability and full

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1 disclosure. Again, of course with the caveat that you  
2 can't disclose anything that would disrupt the safety  
3 and security of the institution or violate state  
4 statute.

5           Follow-up monitoring should be done with  
6 on-site visits. We can do that. That doesn't seem to  
7 be a problem. Recommendations to address concerns  
8 raised by the accreditation team should be a part of  
9 the evaluation and include steps to meet the  
10 established standards, and that's already being done.

11           And number ten, accreditation should be as  
12 transparent as possible. Virtually everything we're  
13 standing for can be done readily today. It does not  
14 need to wait for later on to fill the glass. We can  
15 do that now, and that's what I propose we do. We want  
16 tougher standards. We want it safer for everybody  
17 beyond those walls, and we're going to strive to make  
18 sure that we do that.

19           MR. KRONE: And we're going to take up a  
20 collection after this and maybe we can get that  
21 funding. Everybody drop a dollar in the door when you  
22 go out.

23           MR. BRIGHT: General.

24           MR. RIPPE: I just want to follow on to  
25 what Director Maynard and president-elect Maynard

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1 said, Mr. Hamden, and a little bit of what Ray said.  
2 I think this is a mountaintop kind of a question.  
3 Here's what I'm trying to come to grips with.

4 I spent most of my life in the United  
5 States military. Even, you know, in National Guard  
6 units there's mandatory uniform standards that  
7 everyone trains to. I think that we'd all expect  
8 that. I mean, if I was here to say that we're going  
9 to lift all the standards and make it voluntary for  
10 military units, I think everyone would be horrified.

11 So what I'm trying to come to grips with  
12 and the commissioners and the many, many discussions  
13 we've had is, you know, what should we recommend?  
14 Should there be some set of mandatory standards that  
15 raise the common denominator, and if so how should we  
16 check to make sure that we've in fact done that?  
17 That's really what we're trying to come to grips with  
18 today.

19 I would like to personally be on the record  
20 thanking and commending ACA for all they've done to  
21 try to make our prison and jails better. So that's --  
22 if you can help me help us out there, that -- I mean,  
23 that's a big mountaintop question, but we're going to  
24 be asked that. Should there be standards? And if  
25 there are, how should they be checked and enforced?

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1 MR. WASHINGTON: Well, there are standards.

2 MR. RIPPE: I know there are. I know there  
3 are. I know that, but what I mean by that is  
4 standards that everyone is required to comply with.  
5 That's the question we're going to be asked to answer.

6 MS. RIDLEY-TURNER: I would just say as a  
7 former administrator of an agency, one who volunteered  
8 to comply with standards, I think it's a good thing to  
9 have and, you know, it would be ridiculous to say that  
10 I would not support mandatory standards if we had to  
11 do it, but I think that opens up another issue with --  
12 and it's been relayed here -- the funding for it.  
13 What if something comes up that the agency as much as  
14 they would like to comply, the money is not available  
15 because that, again, becomes -- if it's a federal  
16 mandate, one of those what we call unfunded  
17 mandates --

18 MR. RIPPE: There's no easy answer here.

19 MS. RIDLEY-TURNER: Well, you know, that's  
20 the reality, but I think that as a former correctional  
21 administrator of an agency, I had felt that the  
22 importance was there and did not have any problem with  
23 agreeing to have standards for that agency, and I  
24 would think that a lot of my colleagues around the  
25 board have embraced the process as well and would not

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1 back away from standards. Whether they be mandated,  
2 that would be something that if it happened, I don't  
3 know that there would be a lot of disagreement, but I  
4 think you have to look at who's going to fund it, how  
5 is it going to get funded, and who's going to pay for  
6 the things that need to be done for that agency to  
7 have them make compliance basically.

8 MR. HAMDEN: I would say that there are  
9 national standards and they exist both in the form of  
10 ACA standards, but more importantly in the form of the  
11 Constitution and laws of the government and the  
12 decisions of our courts about the way that prisons  
13 must operate at some minimal level that provides  
14 humane treatment of prisoners, and I think that it  
15 serves the correctional profession well if those  
16 standards can be clearly articulated in the context of  
17 correctional operations, and I have no reservation in  
18 saying that I think that that would be a service to  
19 the correctional profession and our communities and  
20 the people who are in prison. So ...

21 MR. RIPPE: Thank you.

22 MR. BRIGHT: Mr. Ryan.

23 MR. RYAN: Yeah. Let me just throw out I  
24 have absolute bias in this. I'm a commissioner. I'm  
25 on the Standards Committee. I have an accredited

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1 facility. I'm going to become accredited under health  
2 confinement and community corrections. That's my next  
3 goal. So with that as a bias sitting here, I think  
4 that standards are absolute.

5 I worked in California and now in Florida.  
6 California had minimum jail standards state  
7 regulations. We have Florida model jail standards  
8 state regulations. So the regulations are out there.  
9 I don't care whether it's mandatory, it's -- how much  
10 it costs, it's the way to do business. If you're a  
11 good businessman and you sit there and figure out what  
12 the best way to do business is, ACA has put out an  
13 outstanding model for that business. If you want to  
14 be good in your business, you at least had better do  
15 this, and so it's been outstanding.

16 So with that as my bias, getting -- the  
17 expectation from the commission is what to do with the  
18 information that you've provided on this. As a  
19 commission, going back to what Steve was saying, what  
20 should we do with your information? What is it that  
21 we really need to do with it? Do I as a commissioner  
22 ask in my final report to say everybody should be  
23 accredited at a certain level? The mandatory  
24 standards, maybe the -- only the mandatory standards  
25 should be the basis for every jail and prison in

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1 America.

2                   That's something the commission should set  
3 as a standard of expectation and set it up. If you  
4 have the other 400 standards, you ask everybody should  
5 try to get -- as we do -- ninety percent of those  
6 should be your goal, and a time achievement over the  
7 next five years or something. What do we do with your  
8 information? What should we as a group have on the  
9 final page of the report regarding standards and  
10 accreditation?

11                   MR. WASHINGTON: Tim, I have a bias here  
12 also.

13                   MR. RYAN: I notice.

14                   MR. WASHINGTON: I would hope that your  
15 report would say that after looking throughout this  
16 profession that we see a process by which facilities  
17 can and do operate transparently and also operate  
18 constitutionally and are safe and secure. This  
19 process should be made available to all those  
20 individuals who operate correctional facilities or  
21 programs.

22                   Now, that's not mandating it. That's  
23 telling folks what's out there. That's making it  
24 available and folks knowing that this process is there  
25 and talking a little bit about the process. And you

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1 know, you can use anecdotal stories if you'd like  
2 about facilities that have been involved in this  
3 process and what has happened to them. Now, I'm not  
4 telling you to make it mandatory, but I think that you  
5 should in that report talk about this process and the  
6 number of years it's been in existence, why it came to  
7 be, and how it's helped the profession.

8 MR. RYAN: Thank you.

9 MR. BRIGHT: Mr. Schwarz.

10 MR. SCHWARZ: I think the mandatory  
11 discussion that Commissioner Maynard started is really  
12 the heart of the matter. If it were mandatory -- and  
13 I have no bias coming in, but listening to the  
14 conversation, it seems to me making accreditation  
15 mandatory would be a good thing. If it were mandatory  
16 some of the other process questions quite likely will  
17 be looked at differently, and it seems to me two  
18 process questions have been talked about.

19 One is pre -- whether the visits are  
20 preannounced and whether they are off -- thereafter  
21 occur again without being preannounced. If the  
22 accreditation were mandatory, just one listener  
23 believes that that would make the case in favor of not  
24 preannouncing very, very strong.

25 Now, the other question that's been talked

1 about, confidentiality of results. Frankly, I think  
2 that can be argued on either side even if it's  
3 mandatory. I think the United States accepts that the  
4 International Red Cross can -- has a right to come in  
5 to all those things we're running which I guess they  
6 call prisons overseas, and the condition there is that  
7 the results are confidential.

8 I could imagine even in a mandatory system  
9 that a process would work better if the results were  
10 confidential, but I think that could be debated. What  
11 I'm sure about is if the -- if it were mandatory to  
12 have accreditation, one would have a different kind of  
13 discussion about the process issues that have been  
14 going back and forth. I mean, I don't know if that's  
15 a comment by a commissioner or a question, but if  
16 anyone wants to react to it, I would be interested.

17 MR. HAMDEN: I concur. I think you're  
18 exactly right.

19 MR. BRIGHT: Dr. Dudley.

20 MR. DUDLEY: Well, to show how up in the  
21 air we are about this, I don't really understand the  
22 announce, unannounced thing. Having been responsible  
23 for being on that side of the table, hospital  
24 accreditations as an accreditor and as an accreditee,  
25 I guess, a person being accredited, I think it depends

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1 on the -- I'm more focused on your other argument in  
2 the sense of, you know, kind of what are you actually  
3 doing when you're doing the accreditation, and if the  
4 accreditation process actually makes sense.

5                   Then I don't think you can pretend to be  
6 good one day because you know somebody is going to be  
7 coming in. And if the accreditation process is  
8 actually a real process, then that can be seen through  
9 because it just otherwise falls apart. But that's  
10 just my opinion. I have a different sort of question,  
11 though.

12                   What I was trying to get at before is to me  
13 I see the importance of -- and I kept trying to say  
14 that, of what's actually going on right now, and for a  
15 person responsible for a system who is dedicated to  
16 improving the quality of that system or that  
17 particular institution, and has the legislative  
18 support or whatever, sort of whoever is responsible  
19 for the funding to actually help them then institute  
20 whatever improvements need to be done, and then  
21 therefore volunteer to go through this process with  
22 the goal of upgrading the quality of the institution  
23 and services, all of that makes perfect sense to me,  
24 okay.

25                   My question is is that if you mandate this

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1 for somebody who doesn't necessarily want to do it, or  
2 for somebody who's faced with executives or a  
3 legislature or whatever who's not interested in  
4 funding to improve the system -- in other words, they  
5 don't have all those sorts of reasons and capabilities  
6 to voluntarily upgrade -- I guess I'm trying to  
7 understand -- and maybe I didn't ask the question well  
8 before.

9                   What would be the T in mandating it? I  
10 mean, you know, my point was is that, you know, I  
11 mean, for us we have the medical societies or whatever  
12 that will do what you're doing. You know, we have a  
13 parent-physician's program. We have all sorts of  
14 things they'll help physicians get their act together  
15 within the profession, right.

16                   And then there's this whole other thing  
17 that happens where, you know, our license can be  
18 removed and we can't practice. You know, if we  
19 don't -- if we fail these internal systems. And you  
20 can't practice or the Joint Commission will close your  
21 hospital, and I just can't envision that there's going  
22 to be some mandatory process in which that we'll  
23 decide if you blow this, we're just going to close the  
24 jail and you just have to let these people go.

25                   I mean, that's my question. You know,

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1 what's the point of mandating it? What would be --  
2 what would make anybody do anything if you mandate  
3 this program? I'm just trying to understand what that  
4 would be to make it meaningful.

5 I mean, you could mandate that everybody go  
6 through what you go through now, right? And then you  
7 can give them all the advice in the world on how to  
8 improve their program. If they say we just don't want  
9 to do that or the legislature says we're not going to  
10 fund these institutions to do that, then what was the  
11 point?

12 MR. BRIGHT: Mr. Dawe.

13 MR. DAWE: If the legislature refuses to  
14 fund it, that's one issue. But if the institution  
15 refuses to comply, you can remove the administrators.  
16 You don't have to close the facility. If they can't  
17 comply and if their managerial skills do not bring it  
18 up to the point where they can comply with these  
19 mandatory standards, they can be removed. It's clear  
20 that that's a problem. You don't have to close the  
21 facility obviously. But from a legislative  
22 standpoint, that's a different question. There has to  
23 be a lot of political pressure brought to bear on  
24 that.

25 MR. WASHINGTON: Well, then the question is

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1 who removes the official? Have you created a new body  
2 that trumps the governor of a state or -- I'm trying  
3 to follow you on this.

4 MR. DUDLEY: I'm trying to figure it out.

5 MR. BRIGHT: Mr. Hamden.

6 MR. HAMDEN: If passing the standards were  
7 a precondition for federal assistance, that would be  
8 pretty much the end of it, I think. If you had to  
9 comply with the standards in order to be eligible for  
10 federal funding, then you have participation.

11 MR. BRIGHT: Mr. Green will ask the final  
12 question of this panel.

13 MR. GREEN: I was looking at the numbers  
14 that were provided as part of our briefing materials  
15 in terms of the number of institutions that either  
16 have gone through accreditation or are in some stage  
17 of accreditations. The numbers seem very low  
18 percentage-wise.

19 I know it's been alluded to that these are  
20 perhaps financial considerations that drive the  
21 decision whether or not to ask for accreditation and  
22 to start that process, but part of it, I guess I'm  
23 just trying to gauge the attitude of the profession.  
24 How much of this in terms of what seems to be low  
25 numbers -- I think for prisons I think it was less --

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1 it was around twenty percent and for jails it's much,  
2 much lower. What is driving the lack of participation  
3 voluntarily in this process?

4 MR. WASHINGTON: I think that part of it is  
5 not being educated that the process is attainable. I  
6 think that is -- that is a huge part of it. When you  
7 say financial considerations, it's not the fee that's  
8 paid to us. It may be the financial considerations  
9 that a facility has to deal with in order to be  
10 brought to compliance with the standards, and it may  
11 mean improvements within the facility.

12 It may mean additional staff to do one  
13 thing or the other. Not necessarily forced by the  
14 standards, but as a result of requirements within the  
15 standard. So those are the financial requirements  
16 that are sort of heaped upon agencies in some  
17 instances, and they can't make it.

18 And it may also be that we have to do a  
19 much better job of communicating the possibility of  
20 achieving this process out there to our corrections  
21 professionals. We may have a smaller number of  
22 facilities that are accredited, but I assure you that  
23 even in those facilities that aren't accredited, they  
24 have a copy of this book and are doing some sort of  
25 compliance with this -- with this standards manual.

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1                   If they don't have a copy of this book,  
2 they do have a copy of another book that we produce  
3 called Policy and Procedure Development Manual, a  
4 manual which guides them through the development of  
5 policies and procedures to help them operate their  
6 facilities. So there are a number of things that we  
7 have as an association that we provide to the  
8 profession that may bring them to this process, but it  
9 may not, but they are informed.

10                   MR. BRIGHT: I want to thank on behalf of  
11 the whole commission everybody on the panel. I  
12 particularly want to thank Mr. Washington for the  
13 materials that you gave us. I think all of -- both  
14 the materials and your statements are immensely  
15 valuable. You can tell there was a great deal of  
16 interest on the part of the commission, and we're most  
17 grateful to you for being here with us. Thank you  
18 very much.